3/9/11 (Item 11 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

09971798 BIOSIS NO.: 199598426716
Phase II trial of 131I-B1 (anti-**CD20**) antibody therapy with autologous **stem** cell transplantation for relapsed B cell lymphomas.
AUTHOR: Press Oliver W(a); Eary Janet F; Appelbaum Frederick R; Martin Paul J; Nelp Wil B; Glenn Stephan; Fisher Darrell R; Porter Bruce; Matthews Dana C; Gooley Ted; Bernstein Irwin D
AUTHOR ADDRESS: (a)Univ. Wash. Cancer Cent., Mailstop RC08, Seattle, WA 98195**USA
JOURNAL: Lancet (North American Edition) 346 (8971):p336-340 1995
ISSN: 0099-5355
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: 25 patients with relapsed B-cell lymphomas were evaluated with trace-labelled doses (2.5 mg/kg, 185-370 MBq (5-10 mCi)) of 131I-labelled anti-CD20 (B1) antibody in a phase II trial. 22 patients achieved 131I-B1 biodistributions delivering higher doses of radiation to tumour sites than to normal organs and 21 of these were treated with therapeutic infusions of 131I-B1 (12.765-29.045 GBq) followed by autologous hemopoietic stem cell reinfusion. 18 of the 21 treated patients had objective responses, including 16 complete remissions. One patient died of progressive lymphoma and one died of sepsis. Analysis of our phase I and II trials with 131I-labelled B1 reveal a progression-free survival of 62% and an overall survival of 93% with a median follow-up of 2 years. 131I-anti-CD20 (B1) antibody therapy produces complete responses of long duration in most patients with relapsed B-cell lymphomas when given at maximally tolerated doses with autologous stem cell rescue.

REGISTRY NUMBERS: 10043-66-0: IODINE-131
DESCRIPTORS:
MAJOR CONCEPTS: Blood and Lymphatics (Transport and Circulation); Hematology (Human Medicine, Medical Sciences); Immune System (Chemical Coordination and Homeostasis); Oncology (Human Medicine, Medical Sciences); Pharmacology
BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGANISMS: human (Hominidae)
BIOSYSTEMATIC CLASSIFICATION (SUPER TAXA): animals; chordates; humans; mammals; primates; vertebrates
CHEMICALS & BIOCHEMICALS: IODINE-131
MISCELLANEOUS TERMS: ANTINEOPLASTIC-DRUG; IODINE-131 B1 ANTIBODY
CONCEPT CODES:
15006 Blood, Blood-Forming Organs and Body Fluids-Blood, Lymphatic and Reticuloendothelial Pathologies
15008 Blood, Blood-Forming Organs and Body Fluids-Lymphatic Tissue and Reticuloendothelial System
22018 Pharmacology-Immunological Processes and Allergy
24008 Neoplasms and Neoplastic Agents-Therapeutic Agents; Therapy
24010 Neoplasms and Neoplastic Agents-Blood and Reticuloendothelial Neoplasms
34502 Immunology and Immunochemistry-General; Methods
06504 Radiation-Radiation and Isotope Techniques
10064 Biochemical Studies-Proteins, Peptides and Amino Acids
11107 Anatomy and Histology, General and Comparative-Regeneration and

Transplantation (1971-)
12512 Pathology, General and Miscellaneous-Therapy (1971-)
BIOSYSTEMATIC CODES:
86215 Hominidae

3/9/29 (Item 1 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

06254600 Genuine Article#: YE459 Number of References: 13
Title: Optimization of purging of autologous bone marrow grafts for children with precursor B acute lymphoblastic leukemia
Author(s): Vervoordeldonk SF (REPRINT) ; VandenBerg H; vondemBorne AEGK; VanLeeuwen EF; SlaperCortenbach ICM
Corporate Source: CLB,DEPT TRANSPLANTAT IMMUNOL, POB 9190/NL-1006 AD AMSTERDAM//NETHERLANDS/ (REPRINT); NETHERLANDS RED CROSS,BLOOD TRANSFUS SERV, CENT LAB/AMSTERDAM//NETHERLANDS/; UNIV AMSTERDAM,CLIN & EXPT IMMUNOL LAB/AMSTERDAM//NETHERLANDS/; EMMA CHILDRENS HOSP,AMC, CHILDRENS HOSP/AMSTERDAM//NETHERLANDS/; UNIV AMSTERDAM,ACAD MED CTR, DEPT HEMATOL/NL-1105 AZ AMSTERDAM//NETHERLANDS/
Journal: JOURNAL OF HEMATOTHERAPY, 1997, V6, N5 (OCT), P495-500
ISSN: 1061-6128 Publication date: 19971000
Publisher: MARY ANN LIEBERT INC PUBL, 2 MADISON AVENUE, LARCHMONT, NY 10538
Language: English Document Type: ARTICLE
Geographic Location: NETHERLANDS
Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine
Journal Subject Category: TRANSPLANTATION; HEMATOLOGY; MEDICINE, RESEARCH & EXPERIMENTAL
Abstract: In our laboratory, a two-step procedure is used for purging precursor B ALL from autologous bone marrow grafts of children in second bone marrow remission, An immunorosette depletion method with CD19 and CD22 MAbs is followed by one cycle of complement-mediated cell lysis with CD9 and CD10 MAbs, The aim of the present study was to determine if the efficacy of this procedure could be further enhanced by including **CD20** and CD72 MAbs in the current protocol, Leukemia-contaminated remission **bone** marrow was simulated by mixing cell line cells and normal bone marrow cells, The efficacy of purging of malignant cells was determined by culturing the cells in a limiting dilution assay, The effect of including CD20 and CD72 in the immunorosette depletion was limited, In contrast, when these MAbs were added during complement-mediated cell lysis, a significant increase in depletion of tumor cells was observed, This was true when complement lysis was carried out alone (0.4 versus 3.0 log depletion for Ros cells) and when it was preceded by immunorosette depletion (2.7 versus 4.1 log depletion for Ros cells), The loss of hematopoietic progenitor cells was not greater than with the current purging protocol.
Identifiers--KeyWord Plus(R): MONOCLONAL-ANTIBODIES; COMPLEMENT LYSIS; PROTEINS; CD55; DAF
Cited References:
BAST RC, 1985, V45, P499, CANCER RES
BEISHUIZEN A, 1991, V5, P657, LEUKEMIA
FUKUDA H, 1991, V29, P205, IMMUNOL LETT
GARCIA J, 1994, V3, P203, J HEMATOTHER
HARA T, 1993, V82, P368, BRIT J HAEMATOL
LANSDORP PM, 1986, V16, P679, EUR J IMMUNOL
MORGAN BP, 1994, V15, P369, SPRINGER SEMIN IMMUN
SCHWARTING R, 1992, V41, P151, AM J HEMATOL
SLAPERCORTENBAC.IC, 1990, V18, P49, EXP HEMATOL
UCKUN FM, 1992, V79, P1094, BLOOD
VERVOORDELDONK SF, 1994, P601, ADV BONE MARROW PURG
VERVOORDELDONK SF, 1997, V96, P395, BRIT J HAEMATOL
VERVOORDELDONK SF, 1994, V72, P1006, CANCER

3/9/30 (Item 2 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

05854707 Genuine Article#: XB824 Number of References: 49
Title: Radioimmunotherapy strategies for non-Hodgkin's lymphomas
Author(s): Corcoran MC; Eary J; Bernstein I; Press OW (REPRINT)
Corporate Source: UNIV WASHINGTON,MED CTR, DIV MED ONCOL, POB 356043/SEATTLE//WA/98195 (REPRINT); UNIV WASHINGTON,MED CTR, DIV MED ONCOL/SEATTLE//WA/98195; FRED HUTCHINSON CANC RES CTR,/SEATTLE//WA/98104
Journal: ANNALS OF ONCOLOGY, 1997, V8, 1, P133-138
ISSN: 0923-7534 Publication date: 19970000
Publisher: KLUWER ACADEMIC PUBL, SPUIBOULEVARD 50, PO BOX 17, 3300 AA DORDRECHT, NETHERLANDS
Language: English Document Type: ARTICLE
Geographic Location: USA
Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine
Journal Subject Category: ONCOLOGY
Abstract: Radioimmunotherapy offers an exciting new therapeutic modality for patients with relapsed non-Hodgkin's lymphoma; however, considerable debate exists regarding the optimal dose and administration schedule for radioimmunoconjugates. Myelosuppression has been the dose-limiting toxicity of most clinical trials employing radiolabeled antibodies, and this complication has generated both high-dose and low-dose treatment strategies. 'Low-dose' strategies are nonmyeloablative and rely upon repetitive infusions to effectively eradicate tumor masses. Trials incorporating low-dose radioimmunotherapy have documented high response rates, though the durability of these responses remains unclear. The most encouraging nonmyeloablative studies have documented objective responses in 70%-80% of patients, complete responses in 30%-50% of patients, minimal toxicity, and a median response duration of 12 month. In contrast, high-dose trials performed in conjunction with autologous hematopoietic stem cell transplantation have demonstrated objective responses in 95% of patients, complete responses in 85% of patients, with a progression-free survival of 62% and an overall survival of 93% with a median follow-up of two years. Toxicities are considerably higher than those reported with nonmyeloablative regimens, but are modest compared to conventional marrow transplant conditioning regimens incorporating total body irradiation (TBI). Ongoing trials integrating high-dose radioimmunotherapy with high-dose chemotherapy in an autologous transplantation setting are testing the hypothesis that targeted radiotherapy plus chemotherapy will provide increased efficacy and diminished toxicity as compared to nonspecific external beam TBI-containing regimens.
Descriptors--Author Keywords: bone marrow transplantation ; immunotherapy ; monoclonal antibodies ; non-Hodgkin's lymphoma ; radioimmunotherapy
Identifiers--KeyWord Plus(R): B-CELL LYMPHOMA; ANTIIDIOTYPE ANTIBODY THERAPY; **BONE**-MARROW TRANSPLANTATION; TOTAL-BODY IRRADIATION; MONOCLONAL-ANTIBODY; ANTI-**CD20** ANTIBODY; IMMUNE-PESPONSE; CLINICAL-TRIAL; DOSIMETRY; INTERLEUKIN-2
Research Fronts: 95-6231 003 (TC-99M-LABELED LL2 MONOCLONAL-ANTIBODY FRAGMENT; PHASE-I RADIOIMMUNOTHERAPY TRIAL; B-CELL NON-HODGKINS-LYMPHOMA; HIGH-DOSE THERAPY; TUMOR IMAGING)
95-7708 002 (CHIMERIC ANTIBODY; IN-111-LABELED HUMAN TUMOR REACTIVE MONOCLONAL IGM AC6C3-2B12; 2-SITE IMMUNOASSAY FOR CARCINOEMBRYONIC ANTIGEN (CEA))
95-1094 001 (ALLOGENEIC BONE-MARROW TRANSPLANTATION; ACUTE GRAFT-VERSUS-HOST DISEASE; HYPERFRACTIONATED TOTAL-BODY IRRADIATION)
Cited References:
APPELBAUM FR, 1987, V5, P1340, J CLIN ONCOL
BEARMAN SI, 1988, V6, P1562, J CLIN ONCOL
BROWN SL, 1989, V73, P651, BLOOD
BROWN SL, 1989, V16, P199, SEMIN ONCOL

CZUCZMAN MS, 1995, V86, PA55, BLOOD S
CZUCZMAN MS, 1993, V11, P2021, J CLIN ONCOL
DENARDO GL, 1990, V50, PS1014, CANC RES S
DENARDO SJ, 1988, V1, P17, ANTIBODY IMMUNOCONJU
DENARDO SJ, 1988, V3, P96, INT J CANCER S
DILLEHAY LE, 1989, P262, BIOL RADIONUCLIDE TH
DILLMAN RO, 1994, V12, P1497, J CLIN ONCOL
DYER MJS, 1989, V73, P1431, BLOOD
FOON KA, 1982, V60, P1, BLOOD
FREEDMAN AS, 1990, V8, P784, J CLIN ONCOL
GOLDENBERG DM, 1991, V9, P548, J CLIN ONCOL
HALE G, 1988, V2, P1394, LANCET
HORIBE K, 1984, P309, LYMPHOCYTE SURFACE A
KAMINSKI MS, 1992, V10, P1696, J CLIN ONCOL
KAMINSKI MS, 1993, V329, P459, NEW ENGL J MED
KAMINSKI MS, 1996, V15, P414, P AM SOC CLIN ONCOL
LANGMUIR VK, 1988, V1, P195, ANTIBODY IMMUNOCONJU
LOBUGLIO AF, 1989, V86, P4220, P NATL ACAD SCI USA
MALONEY DG, 1992, V80, P1502, BLOOD
MALONEY DG, 1994, V84, P2457, BLOOD
MALONEY DG, 1995, V86, PA54, BLOOD S
MEEKER TC, 1985, V65, P1349, BLOOD
MILLER RA, 1989, V321, P851, NEW ENGL J MED
PARKER BA, 1990, V50, PS1022, CANC RES S
PRESS OW, 1994, V5, P1, BIOL THERAPY CANC UP
PRESS OW, 1987, V69, P584, BLOOD
PRESS OW, 1989, V7, P1027, J CLIN ONCOL
PRESS OW, 1995, V346, P336, LANCET
PRESS OW, 1993, V329, P1219, NEW ENGL J MED
RAUBITSCHEK AA, 1990, P INT C MON ANT CONJ
ROSEN ST, 1989, V16, P667, NUCL MED BIOL
SALETAN SL, 1965, PHASE 1 2 ESCALATING
SCHEINBERG DA, 1990, V8, P792, J CLIN ONCOL
SCHROFF RW, 1985, V45, P879, CANCER RES
SHAWLER DL, 1985, V135, P1530, J IMMUNOL
SIMPKIN DJ, 1990, V17, P179, MED PHYS
TAYLOR C, 1994, V35, P218, P AM ASSOC CANC RES
TRAVIS EL, 1985, V4, P341, RADIOTHER ONCOL
VUIST WMC, 1994, V83, P899, BLOOD
WALDMANN TA, 1992, V116, P148, ANN INTERN MED
WALDMANN TA, 1988, V72, P1805, BLOOD
WHELDON TE, 1990, V58, P1, INT J RADIAT BIOL
ZIMMER AM, 1988, V1, P291, ANTIBODY IMMUNOCONJU
ZIMMER AM, 1989, V2, P71, ANTIBODY IMMUNOCONJU
ZIMMER AM, 1988, V29, P174, J NUCL MED

3/9/32 (Item 4 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

04644221 Genuine Article#: TY620 Number of References: 48
Title: YTTRIUM-90-LABELED ANTI-CD20 MONOCLONAL-ANTIBODY THERAPY OF RECURRENT B-CELL LYMPHOMA
Author(s): KNOX SJ; GORIS ML; TRISLER K; NEGRIN R; DAVIS T; LILES TM; GRILLOLOPEZ A; CHINN P; VARNS C; NING SC; FOWLER S; DEB N; BECKER M; MARQUEZ C; LEVY R
Corporate Source: STANFORD UNIV,MED CTR,DEPT RADIAT ONCOL A093/STANFORD//CA/94305; STANFORD UNIV,SCH MED,DEPT RADIAT ONCOL/STANFORD//CA/94305; STANFORD UNIV,SCH MED,DEPT DIAGNOST RADIOL,DIV NUCL MED/STANFORD//CA/94305; STANFORD UNIV,SCH MED,DEPT MED,DIV BONE MARROW TRANSPLANTAT/STANFORD//CA/94305; STANFORD UNIV,SCH MED,DEPT INTERNAL MED,DIV MEDONCOL/STANFORD//CA/94305; IDEC PHARMACEUT CORP/SAN DIEGO//CA/92121
Journal: CLINICAL CANCER RESEARCH, 1996, V2, N3 (MAR), P457-470
ISSN: 1078-0432

Language: ENGLISH Document Type: ARTICLE
Geographic Location: USA
Subfile: SciSearch; CC CLIN--Current Contents, Clinical Medicine
Journal Subject Category: ONCOLOGY
Abstract: A Phase I/II dose escalation study of Y-90-murine anti-CD20 monoclonal antibody (mAb) in patients with recurrent B-cell lymphoma was performed. The primary objectives of the study were: (a) to determine the effect of the preinfusion of unlabeled anti-CD20 mAb on the biodistribution of In-111-anti-CD20 mAb; (b) to determine the maximal tolerated dose of Y-90-anti-**CD20** mAb that does not require **bone** marrow transplantation; and (c) to evaluate the safety and antitumor effect of Y-90-anti-CD20 mAb in patients with recurrent B-cell lymphoma. Eighteen patients with relapsed low- or intermediate-grade non-Hodgkin's lymphoma were treated. Biodistribution studies with In-111-anti-CD20 mAb were performed prior to therapy. Groups of three or four patients were treated at dose levels of similar to 13.5, 20, 30, 40, and 50 mCi Y-90-anti-CD20 mAb. Three patients were retreated at the 40-mCi dose level. The use of unlabeled antibody affected the biodistribution favorably. Nonhematological toxicity was minimal. The only significant toxicity was myelosuppression. The overall response rate following a single dose of Y-90-anti-CD20 mAb therapy was 72%, with six complete responses and seven partial responses and freedom from progression of 3-29+ months following treatment. Radioimmunotherapy with less than or equal to 50 mCi Y-90-anti-CD20 mAb resulted in minimal nonhematological toxicity and durable clinical responses in patients with recurrent B-cell lymphoma. Doses of less than or equal to 40 mCi Y-90-anti-CD20 mAb were not myeloablative.
Identifiers--KeyWords Plus: NON-HODGKINS-LYMPHOMA; DOSE FRACTIONATION; RADIOIMMUNOTHERAPY; DOSIMETRY; TRIAL; CARCINOMA
Cited References:
BADGER CC, 1987, V28, P388, P AM ASSOC CANC RES
BARCLAY AN, 1993, LEUKOCYTE ANTIGEN FA
BEAUMIER PL, 1991, V51, P676, CANCER RES
BUCHSBAUM DJ, 1995, P115, CANC THERAPY RADIOLA
BUCHSBAUM DJ, 1993, V20, P551, MED PHYS
BUCHSBAUM DJ, 1990, V3, P215, TARGETED DIAGNOSIS T
BUNN PA, 1984, V2, P1219, LANCET
CZUCZMAN MS, 1993, V11, P2021, J CLIN ONCOL
DENARDO GL, 1990, V50, P1014, CANC RES S
DENARDO GL, 1994, P217, CANC THERAPY RADIOLA
DENARDO SJ, 1988, V1, P17, ANTIBODY IMMUNOCONJU
DENARDO SJ, 1988, V3, P96, INT J CANCER S
DEVITA VT, 1989, P1741, CANCER PRINCIPLES PR
DYER MJS, 1989, V73, P1431, BLOOD
GOLDENBERG DM, 1991, V9, P548, J CLIN ONCOL
GORIS ML, 1994, V73, P919, CANCER PHILA S
HALE G, 1988, V2, P1394, LANCET
HORIBE K, 1984, LYMPHOCYTE SURFACE A
KAMINSKI MS, 1990, V76, A355, BLOO DS
KAMINSKI MS, 1993, V82, A332, BLOOD
KAMINSKI MS, 1992, V10, P1696, J CLIN ONCOL
KAMINSKI MS, 1993, V329, P459, NEW ENGL J MED
KNOX S, 1995, V5, P331, SEMIN RAD ONCOL
KNOX SJ, 1995, V55, P5832, CANC RES S
KNOX SJ, 1995, V32, P215, INT J RAD ONCOL B S1
KNOX SJ, 1994, V16, P161, J IMMUNOTHER
KUZEL T, 1993, V8, P3, CANCER BIOTHERAPY
LEWIS JP, 1995, V14, P115, HYBRIDOMA
MALONEY DG, 1992, P1, BIOL THERAPY CANC UP
MALONEY DG, 1994, V84, P2457, BLOOD
MALONEY DG, 1995, V86, A54, BLOOD
MEEKER TC, 1985, V65, P1349, BLOOD
MEREDITH RF, 1993, V6, P11, ANTIBODY IMMUNOCONJ
MEREDITH RF, 1992, V33, P1648, J NUCL MED
MILLER RA, 1982, V306, P517, NEW ENGL J MED

PARKER BA, 1990, V50, P1022, CANC RES S
PRESS OW, 1994, P1, BIOL THERAPY CANC
PRESS OW, 1987, V69, P584, BLOOD
PRESS OW, 1995, P229, CANC THERAPY RADIOLA
PRESS OW, 1989, V7, P1027, J CLIN ONCOL
PRESS OW, 1993, P127, MALIGNANT LYMPHOMAS
PRESS OW, 1993, V329, P1219, NEW ENGL J MED
PRESTWICH WV, 1989, V30, P1036, J NUCL MED
SCHLOM J, 1991, V51, P2889, CANCER RES
SCHLOM J, 1990, V82, P763, J NATL CANCER I
SCHLOM J, 1991, V18, P425, NUCL MED BIOL
SIMPKIN DJ, 1990, V17, P179, MED PHYS
WAHL RL, 1994, V73, P989, CANCER PHILA S

3/9/33 (Item 5 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

04181586 Genuine Article#: RM713 Number of References: 35
Title: PHASE-II TRIAL OF I-131 B1 (ANTI-**CD20**) ANTIBODY THERAPY WITH AUTOLOGOUS **STEM**-CELL TRANSPLANTATION FOR RELAPSED B-CELL LYMPHOMAS
Author(s): PRESS OW; EARY JF; APPELBAUM FR; MARTIN PJ; NELP WB; GLENN S; FISHER DR; PORTER B; MATTHEWS DC; GOOLEY T; BERNSTEIN ID
Corporate Source: UNIV WASHINGTON,CTR CANC,DEPT MED,MAILSTOP RC08/SEATTLE//WA/98195; UNIV WASHINGTON,DEPT PEDIAT/SEATTLE//WA/98195; UNIV WASHINGTON,DEPT RADIOL/SEATTLE//WA/98195; UNIV WASHINGTON,DEPT BIOL STRUCT/SEATTLE//WA/98195; UNIV WASHINGTON,DEPT BIOSTAT/SEATTLE//WA/98195; FRED HUTCHINSON CANC RES CTR/SEATTLE//WA/00000; COULTER CORP/SEATTLE//WA/00000; FIRST HILL DIAGNOST IMAGING/SEATTLE//WA/00000; BATTELLE MEM INST,PACIFIC NW LABS/RICHLAND//WA/99352
Journal: LANCET, 1995, V346, N8971 (AUG 5), P336-340
ISSN: 0140-6736
Language: ENGLISH Document Type: ARTICLE
Geographic Location: USA
Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine
Journal Subject Category: MEDICINE, GENERAL & INTERNAL
Abstract: 25 patients with relapsed B-cell lymphomas were evaluated with trace-labelled doses (2.5 mg/kg, 185-370 MBq [5-10 mCi]) of I-131-labelled anti-CD20 (B1) antibody in a phase II trial. 22 patients achieved I-131-B1 biodistributions delivering higher doses of radiation to tumour sites than to normal organs and 21 of these were treated with therapeutic infusions of I-131-B1 (12.765-29.045 GBq) followed by autologous haemopoietic stem cell reinfusion. 18 of the 21 treated patients had objective responses, including 16 complete remissions. One patient died of progressive lymphoma and one died of sepsis. Analysis of our phase I and II trials with I-131-labelled B1 reveal a progression-free survival of 62% and an overall survival of 93% with a median follow-up of 2 years. I-131-anti-CD20 (B1) antibody therapy produces complete responses of long duration in most patients with relapsed B-cell lymphomas when given at maximally tolerated doses with autologous stem cell rescue.
Identifiers--KeyWords Plus: NON-HODGKINS-LYMPHOMA; BONE-MARROW TRANSPLANTATION; RADIOLABELED MONOCLONAL-ANTIBODIES; MALIGNANT-LYMPHOMA; DISEASE; RADIOIMMUNOTHERAPY; DOSIMETRY; TOXICITY; ORB7
Research Fronts: 93-1126 002 (AUTOLOGOUS BONE-MARROW TRANSPLANTATION; HIGH-GRADE NON-HODGKINS-LYMPHOMA; HEMATOPOIETIC STEM-CELL RESCUE)
93-5947 002 (RADIOIMMUNOTHERAPY OF B-CELL LYMPHOMA; MONOCLONAL-ANTIBODY THERAPY; BONE-MARROW DOSIMETRY; PHASE-I TRIAL; LIVER METASTASES; SUBCUTANEOUS TUMORS)
93-2086 001 (AUTOLOGOUS BONE-MARROW TRANSPLANTATION; TREATMENT OF ACUTE GVHD; ALLOGENEIC STIMULATION INDUCED TUMOR-NECROSIS-FACTOR-ALPHA

(TNF-ALPHA) PRODUCTION)
Cited References:
APPELBAUM FR, 1987, V5, P1340, J CLIN ONCOL
ARMITAGE J, 1991, V114, P1060, ANN INTERN MED
ARMITAGE JO, 1993, V20, P136, SEMIN ONCOL
BEARMAN SI, 1988, V6, P1562, J CLIN ONCOL
BENSINGER W, 1993, V81, P3158, BLOOD
CABANILLAS F, 1994, V31, P30, SEMIN HEMATOL
CRAWFORD SW, 1988, V137, P682, AM REV RESPIR DIS
CZUCZMAN MS, 1993, V11, P2021, J CLIN ONCOL
DENARDO GL, 1990, V50, P1014, CANCER RES
EARY JF, 1990, V31, P1257, J NUCL MED
EARY JF, 1989, V16, P382, MED PHYS
FISHER DR, 1991, V4, P655, ANTIBODY IMMUNOCONJ
FISHER RI, 1990, V17, P63, SEMIN ONCOL
FREEDMAN AS, 1990, V8, P784, J CLIN ONCOL
FREEDMAN AS, 1993, V11, P1841, J CLIN ONCOL
GOLDENBERG DM, 1991, V9, P548, J CLIN ONCOL
HORNING SJ, 1994, V83, P881, BLOOD
HORNING SJ, 1987, V5, P838, J CLIN ONCOL
HORNING SJ, 1994, V12, P2552, J CLIN ONCOL
KAMINSKI MS, 1993, V329, P459, NEW ENGL J MED
KNOX SJ, 1994, V16, P161, J IMMUNOTHERAPY
LENHARD RE, 1985, V3, P1296, J CLIN ONCOL
LISTER TA, 1989, V7, P1630, J CLIN ONCOL
MCDONALD GB, 1993, V118, P255, ANN INTERN MED
PETERSEN FB, 1990, V8, P638, J CLIN ONCOL
PRESS OW, 1989, V7, P1027, J CLIN ONCOL
PRESS OW, 1993, V329, P1219, NEW ENGL J MED
ROBATINER AZS, 1994, V12, P1177, J CLIN ONCOL
ROSEN ST, 1989, V16, P667, NUCL MED BIOL
SANDERS JE, 1991, V8, P2, BONE MARROW TRANSPL
SCHEINBERG DA, 1990, V8, P792, J CLIN ONCOL
VELASQUEZ WS, 1994, V12, P1169, J CLIN ONCOL
VRIESENDORP HM, 1991, V9, P918, J CLIN ONCOL
WALDMANN TA, 1992, V116, P148, ANN INTERN MED
WEAVER CH, 1994, V12, P2559, J CLIN ONCOL

3/9/36 (Item 8 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

03531825 Genuine Article#: PL359 Number of References: 25
Title: PHASE-I CLINICAL-TRIAL USING ESCALATING SINGLE-DOSE INFUSION OF CHIMERIC ANTI-CD20 MONOCLONAL-ANTIBODY (IDEC-C2B8) IN PATIENTS WITH RECURRENT B-CELL LYMPHOMA
Author(s): MALONEY DG; LILES TM; CZERWINSKI DK; WALDICHUK C; ROSENBERG J; GRILLOLOPEZ A; LEVY R
Corporate Source: STANFORD UNIV,MED CTR,DEPT MED,DIV ONCOL,SUMC M207/STANFORD//CA/94305; IDEC PHARMACEUT/SAN DIEGO//CA/00000
Journal: BLOOD, 1994, V84, N8 (OCT 15), P2457-2466
ISSN: 0006-4971
Language: ENGLISH Document Type: ARTICLE
Geographic Location: USA
Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine
Journal Subject Category: HEMATOLOGY
Abstract: The B-cell antigen CD20 is expressed on normal B cells and by nearly all B-cell lymphomas. This nonmodulating antigen provides an excellent target for antibody-directed therapies. A chimeric anti-CD20 antibody (IDEC-C2B8), consisting of human IgG1-kappa constant regions and variable regions from the murine monoclonal anti-CD20 antibody IDEC-2B8, has been produced for clinical trials. It lyses CD20(+) cells in vitro via complement and antibody-dependent cell-mediated lysis. Preclinical studies have shown that the chimeric antibody selectively

depletes B cells in blood and lymph nodes in macaque monkeys. In this phase I clinical trial, 15 patients (3 per dose level) with relapsed low-grade B-cell lymphoma were treated with a single dose (10, 50, 100, 250, or 500 mg/m(2)) of antibody administered intravenously. Treatment-related symptoms correlated with the number of circulating CD20 cells and grade II events consisted of fever (5 patients), nausea (2), rigor (2), orthostatic hypotension (2), bronchospasm (1), and thrombocytopenia (1). No significant toxicities were observed during the 3 months of follow-up. Serum C3, IgG, and IgM levels, neutrophils, and T cells were largely unchanged. At the three higher dose levels, pharmacokinetics of the free antibody showed a serum half-life of 4.4 days (range, 1.6 to 10.5). Levels greater than 10 mu g/mL persisted in 6 of 9 patients for more than 14 days. No quantifiable immune responses to the infused antibody have been detected. CD20(+) B cells were rapidly and specifically depleted in the peripheral blood at 24 to 72 hours and remained depleted for at least 2 to 3 months in most patients. Two-week postinfusion tumor biopsies showed the chimeric antibody bound to tumor cells and a decrease in the percentage of B cells. Tumor regressions occurred in 6 of 15 patients (2 partial and 4 minor responses). The results of this single-dose trial have been used to design a multiple-dose phase I/II study. (C) 1994 by The American Society of Hematology.

Identifiers--KeyWords Plus: **BONE**-MARROW TRANSPLANTATION; HUMAN LYMPHOCYTES-B; **CD20**; THERAPY; ANTIGEN; MOLECULE; RECONSTITUTION; IMMUNOGLOBULIN; EXPRESSION; ACTIVATION

Research Fronts: 92-0799 001 (ANTIBODY ENGINEERING; ANTIGEN COMBINING SITE; FILAMENTOUS PHAGE; PROTEIN TARGETS)

Cited References:

ALMASRI NM, 1992, V40, P259, AM J HEMATOL
ANDERSON KC, 1984, V63, P1424, BLOOD
BROWN SL, 1989, V73, P651, BLOOD
BUBIEN JK, 1993, V121, P1121, J CELL BIOL
BUCHSBAUM DJ, 1992, V52, P6476, CANCER RES
FUMOUX F, 1993, V81, P3153, BLOOD
GOLAY JT, 1985, V135, P3795, J IMMUNOL
KAMINSKI MS, 1993, V329, P459, NEW ENGL J MED
KNOX SJ, 1990, V50, P4935, CANCER RES
LIU AY, 1987, V139, P3521, J IMMUNOL
LOBUGLIO AF, 1989, V86, P4220, P NATL ACAD SCI USA
MALONEY DG, 1992, V80, P1502, BLOOD
MEEKER TC, 1985, V65, P1349, BLOOD
MUELLER BM, 1990, V144, P1382, J IMMUNOL
NADLER LM, 1981, V67, P134, J CLIN INVEST
PEDRAZZINI A, 1989, V74, P2203, BLOOD
PRESS OW, 1987, V69, P584, BLOOD
PRESS OW, 1993, V329, P1219, NEW ENGL J MED
REFF ME, 1994, V83, P435, BLOOD
SARAL R, 1991, V23, P2128, TRANSPLANT P
SCHRIEVER F, 1989, V169, P2043, J EXP MED
STASHENKO P, 1980, V125, P1678, J IMMUNOL
TEDDER TF, 1986, V16, P881, EUR J IMMUNOL
TEDDER TF, 1988, V263, P9, J BIOL CHEM
VITETTA ES, 1991, V51, P4052, CANCER RES

3/9/39 (Item 1 from file: 65)

DIALOG(R)File 65:Inside Conferences

01916302 INSIDE CONFERENCE ITEM ID: CN019836304

Long-term follow-up of patients with relapsed B cell lymphomas treated with iodine-131-labeled anti-**CD20** (B1) antibody and autologous **stem** cell rescue

Liu, S.; Eary, J.; Martin, P.; Maloney, D.

CONFERENCE: American Society of Clinical Oncology-Annual meeting; 33rd

PROCEEDINGS OF THE ANNUAL MEETING-AMERICAN SOCIETY OF CLINICAL ONCOLOGY

, 1997; VOL 16 P: 45
The Society, 1997
LANGUAGE: English DOCUMENT TYPE: Conference Abstracts and programme
CONFERENCE SPONSOR: American Society of Clinical Oncology
CONFERENCE LOCATION: Denver, CO
CONFERENCE DATE: May 1997 (199705) (199705)

BRITISH LIBRARY ITEM LOCATION: 6841.278200
DESCRIPTORS: clinical oncology; ASCO; oncology

3/9/41 (Item 2 from file: 71)
DIALOG(R)File 71:ELSEVIER BIOBASE
(c) 2000 Elsevier Science B.V. All rts. reserv.

00233623 95108873
Phase II trial of sup 1sup 3sup 1I-B1 (anti-**CD20**) antibody therapy with autologous **stem** cell transplantation for relapsed B cell lymphomas
Press O.W.; Eary J.F.; Appelbaum F.R.; Martin P.J.; Nelp W.B.; Glenn S.; Fisher D.B.; Porter B.; Matthews D.C.; Gooley T.; Bernstein I.D.
ADDRESS: Dr. O.W. Press, University Washington Cancer Center, Mailstop RC08, Seattle, WA 98195, United States
Journal: Lancet, 346/8971 (336-340), 1995, United Kingdom
PUBLICATION DATE: 19950000
CODEN: LANCA
ISSN: 0140-6736
DOCUMENT TYPE: Article
LANGUAGES: English SUMMARY LANGUAGES: English

25 patients with relapsed B-cell lymphomas were evaluated with trace-labelled doses (2.5 mg/kg, 185-370 MBq (5-10 mCi)) of sup 1sup 3sup 1I-labelled anti-CD20 (B1) antibody in a phase II trial. 22 patients achieved sup 1sup 3sup 1I-B1 biodistributions delivering higher doses of radiation to tumour sites than to normal organs and 21 of these were treated with therapeutic infusions of sup 1sup 3sup 1I-B1 (12.765-29.045 GBq) followed by autologous haemopoietic stem cell reinfusion. 18 of the 21 treated patients had objective responses, including 16 complete remissions. One patient died of progressive lymphoma and one died of sepsis. Analysis of our phase I and II trials with sup 1sup 3sup 1I-labelled B1 reveal a progression-free survival of 62% and an overall survival of 93% with a median follow-up of 2 years. sup 1sup 3sup 1I-anti-CD20 (B1) antibody therapy produces complete responses of long duration in most patients with relapsed B-cell lymphomas when given at maximally tolerated doses with autologous stem cell rescue.

CLASSIFICATION CODE AND DESCRIPTION:
87.4.8 - CANCER RESEARCH / TREATMENT / Combined Modality Treatments

3/9/49 (Item 3 from file: 144)
DIALOG(R)File 144:Pascal
(c) 2000 INIST/CNRS. All rts. reserv.

12259363 PASCAL No.: 95-0480776
Phase II trial of SUP 1 SUP 3 SUP 1 I-B1 (anti-**CD20**) antibody therapy with autologous **stem** cell transplantation for relapsed B cell lymphomas
PRESS O W; EARY J F; APPELBAUM F R; MARTIN P J; NELP W B; GLENN S; FISHER D B; PORTER B; MATTHEWS D C; GOOLEY T; BERNSTEIN I D
Univ. Washington, dep. medicine, Seattle WA, USA
Journal: Lancet : (British edition), 1995, 346 (8971) 336-340
ISSN: 0140-6736 CODEN: LANCAO Availability: INIST-5004; 354000053835350080
No. of Refs.: 35 ref.
Document Type: P (Serial) ; A (Analytic)

Country of Publication: United Kingdom
Language: English

25 patients with relapsed B-cell lymphomas were evaluated with trace-labelled doses (2.5 mg/kg, 185-370 MBq (5-10 mCi)) of SUP 1 SUP 3 SUP 1 I-labelled anti-CD20 (B1) antibody in a phase II trial. 22 patients achieved SUP 1 SUP 3 SUP 1 I-B1 biodistributions delivering higher doses of radiation to tumour sites than to normal organs and 21 of these were treated with therapeutic infusions of SUP 1 SUP 3 SUP 1 I-B1 (12.765-29.045 GBq) followed by autologous haemopoietic stem cell reinfusion. 18 of the 21 treated patients had objective responses, including 16 complete remissions. One patient died of progressive lymphoma and one died of sepsis. Analysis of our phase I and II trials with SUP 1 SUP 3 SUP 1 I-labelled B1 reveal a progression-free survival of 62% and an overall survival of 93% with a median follow-up of 2 years. SUP 1 SUP 3 SUP 1 I-anti-CD20 (B1) antibody therapy produces complete responses of long duration in most patients with relapsed B-cell lymphomas when given at maximally tolerated doses with autologous stem cell rescue.

English Descriptors: Treatment; Human; Chemotherapy; Immunotherapy; Immunoradiotherapy; Transfusion; Malignant lymphoma; B-Lymphocyte; Antibody; Iodine; Stem cell; Relapse; Combined treatment; Clinical trial; Graft
Broad Descriptors: Malignant hemopathy; Lymphoproliferative syndrome; Radiotherapy; Hemopathie maligne; Lymphoproliferatif syndrome; Radiotherapie; Hemopatia maligna; Linfoproliferativo sindrome; Radioterapia

French Descriptors: Traitement; Homme; Chimiotherapie; Immunotherapie; Immunoradiotherapie; Transfusion; Lymphome malin; Lymphocyte B; Anticorps ; Iode; Cellule souche; Recidive; Traitement associe; Essai clinique; Iode 131; Antigene CD20; Greffe

Classification Codes: 002B02R04